

STATE ATHLETIC COMMISSION OF NEVADA

INFORMATION SHEET

TO: THE STATE ATHLETIC COMMISSION OF NEVADA

(PLEASE PRINT)

DATE _____

Full Name: Last _____ First _____ Middle _____

Ring Name _____

Mailing Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Telephone (Please include area code) _____

Weight _____ Height _____ Hair _____ Eyes _____

Date of Birth _____ Age _____

Place of Birth _____ Citizen of _____

Name of Manager _____

Have you ever been disqualified in any contest or disciplined by the State Athletic Commission of Nevada or by any other Athletic Commission for any cause whatsoever? Yes _____ No _____

If "Yes", give details _____

Have you ever been convicted of a felony or a misdemeanor? Yes _____ No _____

If "Yes", give details _____

COMPLETE AMATEUR RECORD:

WINS _____ LOSES _____ DRAWS _____ NO CONTESTS _____ KO's _____

Applicant's Signature (Sign Legal Name)

Nevada State Athletic Commission
555 East Washington Ave. Suite 3200
Las Vegas, NV 89101-1046
Telephone: (702) 486-2575
Fax: (702) 486-2577